

<b>Opportunity Title:</b>	Affordable Care Act (ACA) Consumer Assistance Program
<b>Offering Agency:</b>	Ofc of Consumer Information & Insurance Oversight
<b>CFDA Number:</b>	93.519
<b>CFDA Description:</b>	Care Act (ACA) Consumer Assistance Program Grants
<b>Opportunity Number:</b>	CA CAP 10 002
<b>Competition ID:</b>	CA CAP 10 002 011720
<b>Opportunity Open Date:</b>	07/22/2010
<b>Opportunity Close Date:</b>	09/10/2010
<b>Agency Contact:</b>	Grants.gov HelpDesk 1 800 518 4726 support@grants.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* **Application Filing Name:** CA Consumer Assistance Program Grant

## Mandatory Documents

Project/Performance Site Location(s)  
Disclosure of Lobbying Activities (SF LLL)  
Other Attachments Form  
Assurances for Non Construction Programs (SF 42)

Move Form to  
Complete

Move Form to  
Delete

## Mandatory Documents for Submission

Application for Federal Assistance (SF 424)  
Budget Information for Non Construction Program  
Project Abstract Summary  
Project Narrative Attachment Form  
Budget Narrative Attachment Form

## Optional Documents

Move Form to  
Submission List

Move Form to  
Delete

## Optional Documents for Submission

## Instructions

- 1 Enter a name for the application in the Application Filing Name field.**

This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process. You can save your application at any time by clicking the "Save" button at the top of your screen. The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

It is recommended that the SF 424 form be the first form completed for the application package. Data entered on the SF 424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF 424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.**

Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.

Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.

The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.

You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

09/09/2010

**4. Applicant Identifier:**

NA

**5a. Federal Entity Identifier:**

NA

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Department of Managed Health Care

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

68 0461278

**\* c. Organizational DUNS:**

1178946620000

**d. Address:**

**\* Street1:**

980 9th Street, Suite 500

**Street2:**

**\* City:**

Sacramento

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814 2724

**e. Organizational Unit:**

**Department Name:**

Managed Health Care

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Elaine

**Middle Name:**

**\* Last Name:**

Paniewski

**Suffix:**

**Title:** Staff Services Manager I

**Organizational Affiliation:**

NA

**\* Telephone Number:**

(916) 322 4739

**Fax Number:**

(916) 322 3968

**\* Email:**

epaniewski@dmhc.ca.gov

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Ofc of Consumer Information & Insurance Oversight

### 11. Catalog of Federal Domestic Assistance Number:

93.519

CFDA Title:

Care Act (ACA) Consumer Assistance Program Grants

### \* 12. Funding Opportunity Number:

CA CAP 10 002

\* Title:

Affordable Care Act (ACA) Consumer Assistance Program Grants

### 13. Competition Identification Number:

CA CAP 10 002 011720

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Affordable Care Act (ACA) Consumer Assistance Program Grants

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="3,400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,400,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

## Project Abstract Summary

**Program Announcement (CFDA)**

93.519

**\* Program Announcement (Funding Opportunity Number)**

CA CAP 10 002

**\* Closing Date**

09/10/2010

**\* Applicant Name**

Department of Managed Health Care

**\* Length of Proposed Project**

12

**Application Control No.****Federal Share Requested (for each year)****\* Federal Share 1st Year**

\$ 3,400,000

**\* Federal Share 2nd Year**

\$ 0

**\* Federal Share 3rd Year**

\$ 0

**\* Federal Share 4th Year**

\$ 0

**\* Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)****\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$ 0

**\* Non-Federal Share 4th Year**

\$ 0

**\* Non-Federal Share 5th Year**

\$ 0

**\* Project Title**

Affordable Care Act (ACA) Consumer Assistance Program Grants

## Project Abstract Summary

### \* Project Summary

Under the executive authority of the Governor, the Department of Managed Health Care (DMHC) regulates 108 health plans, covering 21 million Californians who have HMO and certain PPO plans. Operating under the authority of an independently elected insurance commissioner, the California Department of Insurance (CDI) regulates all other PPO and indemnity health products, covering approximately 9.3 million lives. This bifurcated regulation of the health insurance market, coupled with the administration of public programs housed in a third agency, often leaves consumers confused about where to turn for help when they have questions about health care coverage or federal health care reform, or have complaints.

**PROJECT GOALS:** The grant will enhance the capacity of the DMHCs' Help Center, as well as that of the Office of the Patient Advocate (OPA), which operates in partnership with the DMHC. With a total budget of \$3,400,000, the major goals of the grant are to: 1) Develop and promote a coordinated consumer friendly website and corresponding toll free number that consumers can call with questions about health care coverage, and to receive assistance with the filing of complaints and appeals; 2) Conduct a statewide media campaign, in partnership with consumer organizations, to educate consumers about their rights and responsibilities with respect to group health plans and health insurance coverage, and to provide assistance with enrollment in group health plans or health insurance coverage; and 3) Evaluate the effectiveness of the initiatives, and collect, track, and quantify consumer problems and inquiries for reporting to state and federal policymakers.

**GRANT PROPOSAL: ENHANCE EXISTING CONSUMER ASSISTANCE AND EDUCATION PROGRAMS**

**WEBSITE DEVELOPMENT:** California will launch a website on health care reform this month, primarily designed to update policymakers and providers on the state's efforts to implement health care reform. However, one section of the website (Healthcare and You) is specifically aimed at consumers. The grant will be used to enhance the consumer related components of the state website, to translate its content into the threshold languages, and to ensure that it is written at appropriate health literacy levels for all to understand. In addition, the website will use consumer tested content and format, and will provide a direct link to the DMHC Help Center with a "Click to Chat" feature for addressing questions online.

**ENHANCE THE HELP CENTER'S CONSUMER ASSISTANCE CAPABILITY:** To provide a coordinated point of entry for consumers with questions regarding their health care needs and grievances, a state of the art communications system will be procured to provide a more efficient platform that will also support new functionality for online communications between staff and the public. This system will support links to the state website and a coordinated consumer assistance phone number. The DMHC will provide additional staff training, and will establish agreements with other state agencies regarding data sharing and the management of consumer complaints and appeals.

**CONSUMER EDUCATION CAMPAIGN:** The grant will also be used to develop and implement a multi cultural social marketing campaign for Californians seeking information about their health insurance rights, health coverage, and the state's efforts to implement federal health care reform. Consumers will access this information through the [www.healthcare.ca.gov](http://www.healthcare.ca.gov) website and the Help Center toll free number, which will serve as a coordinated point of contact to the various state government entities involved in health care and health care reform, and reduce consumer confusion about which state agency to call for updated information and assistance. Using a competitive bid process, the DMHC will select contractor(s) to assist in identifying target audiences and key messages, and to develop methods and strategies appropriate to accomplishing these goals.

\* Estimated number of people to be served as a result of the award of this grant.

31000000

## Project Narrative File(s)

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**\* Mandatory Project Narrative File Filename:**

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Budget Narrative File(s)

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\* **Mandatory Budget Narrative Filename:**

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative



## BUDGET INFORMATION - Non-Construction Programs

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. WEBSITE ENHANCEMENT: Website design, interactive features content, consumer testing, translation services	93.519	\$ 0.00	\$ 0.00	\$ 525,000.00	\$ 0.00	\$ 525,000.00
2. CONSUMER EDUCATION CAMPAIGN: Social marketing contract, OPA statewide partnership network	93.519	0.00	0.00	1,975,000.00	0.00	1,975,000.00
3. COMMUNICATIONS SYSTEMS UPGRADE: System hardware, online grievance/IMR application, project management, annual lease	93.519	0.00	0.00	900,000.00	0.00	900,000.00
4.						
5. Totals		\$	\$	\$ 3,400,000.00	\$	\$ 3,400,000.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	WEBSITE ENHANCEMENT: Website design, interactive features content, consumer testing, translation services	CONSUMER EDUCATION CAMPAIGN: Social marketing contract, OPA statewide partnership network	COMMUNICATIONS SYSTEMS UPGRADE: System hardware, online grievance/IMR application, project management, annual lease		
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$	\$
b. Fringe Benefits	0.00	0.00	0.00		
c. Travel	0.00	10,010.00	0.00		10,010.00
d. Equipment	0.00	0.00	365,000.00		365,000.00
e. Supplies	0.00	0.00	0.00		
f. Contractual	525,000.00	1,964,990.00	535,000.00		3,024,990.00
g. Construction	0.00	0.00	0.00		
h. Other	0.00	0.00	0.00		
i. Total Direct Charges (sum of 6a-6h)	525,000.00	1,975,000.00	900,000.00	\$	3,400,000.00
j. Indirect Charges	0.00	0.00	0.00	\$	
k. TOTALS (sum of 6i and 6j)	\$ 525,000.00	\$ 1,975,000.00	\$ 900,000.00	\$	3,400,000.00
7. Program Income	\$ 0.00	0.00	0.00	\$	\$

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. Not applicable	\$	\$	\$			
9.						
10.						
11.						
12. TOTAL (sum of lines 8-11)	\$	\$	\$			

  

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 3,400,000.00	\$ 300,000.00	\$ 100,000.00	\$ 1,950,000.00	\$ 1,050,000.00
14. Non-Federal	\$	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	\$ 3,400,000.00	\$ 300,000.00	\$ 100,000.00	\$ 1,950,000.00	\$ 1,050,000.00

  

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT			
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)		
	(b) First	(c) Second	(d) Third
16. WEBSITE ENHANCEMENT: Website design, interactive features content, consumer testing, translation services	\$ 525,000.00	\$ 0.00	\$ 0.00
17. CONSUMER EDUCATION CAMPAIGN: Social marketing contract, OPA statewide partnership network	1,975,000.00	0.00	0.00
18. COMMUNICATIONS SYSTEMS UPGRADE: System hardware, online grievance/IMR application, project management, annual lease	900,000.00	0.00	0.00
19.			
20. TOTAL (sum of lines 16 - 19)	\$ 3,400,000.00	\$	\$

  

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	